

<b>REPORTS INVENTORY</b>						CONTROL NO. <b>DDS/OF-006</b>	
<b>PREPARE IN DUPLICATE</b>							
1. TITLE OF REPORT (If a fill-in report include Form No.)  Weekly Activity Report to DDS						2. TYPE OF REPORT <div style="display: flex; justify-content: space-between;"><div>STATISTICAL</div><div><input checked="" type="checkbox"/> NARRATIVE</div><div>MACHINE-NAME LISTING</div></div>	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED  5		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Weekly				6. DISTRIBUTION (No. of components not number of copies)  1	
7. FORMAT (memorandum, form computer print-out, etc)  Memorandum		8. ADP PROCESSING <div style="display: flex; justify-content: space-between;"><div>YES</div><div>IF YES GIVE ADP PROCESSING NO.</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> NO</div><div></div></div>				9. DIRECTIVE AUTHORITY REQUIRING REPORT  DDS Requirement	
10. PREPARING COMPONENT (include lowest level contributing information to report)  Office of Finance				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  Weekly Activity Reports from each Division and Staff of the Office of Finance			
<b>12. COST FACTORS</b>							
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
Consolidation of all detailed forms attached.							\$ 1,844.36
GS-17/18	\$16.24		1		\$16.24		52 844.48
GS-08	4.45		1		4.45		52 231.40
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>							
<b>TOTAL COSTS PER YEAR</b>							<b>\$ 2,920.24</b>
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  This report is to alert the DDS to significant accomplishments of the Office during the week.							
<b>14. FUTURE GOALS</b>							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE</div><div><input checked="" type="checkbox"/> OTHER (explain) Future of this report is dependent upon determination of the DDS.</div></div>						<b>ESTIMATED SAVINGS</b>	
						MAN-HOURS	DOLLARS
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION  Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100008-8					18. EXTENSION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Activity Report - PPS (Feeder)					2. TYPE OF REPORT		<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA		<input type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE		<input type="checkbox"/> ADMIN. GENERAL <input type="checkbox"/> OTHER (specify)	
4. NO. OF COPIES PREPARED 5		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly			6. DISTRIBUTION (No. of components not number of copies) 1		
7. FORMAT (memorandum, form computer print-out, etc.) Memorandum		8. ADP PROCESSING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			9. DIRECTIVE AUTHORITY REQUIRING REPORT DD/S		
10. PREPARING COMPONENT (include lowest level contributing information to report) PPS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Average Weekly total of 5 feeder reports, titled "Item for Activity Report," by individual staff members.			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-16	\$ 14.04		1/2		\$ 7.02		52 \$ 365.04
GS-13*	8.06		1		8.06		52 419.12
GS-06	3.86		1		3.86		52 200.72
							\$ 984.88
* Based on FY 70 Average grade level of GS-13, step 3.							
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							\$ 984.88
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Feeder report to the Office of Finance's weekly Activity Report to the DDS. High-lights significant activities during the week involved in accomplishing basic functions of PPS and in our continuing effort to develop more effective methods and procedures. Useful at C/PPS and D/Fin levels in evaluating PPS' contribution to improvement of the overall financial system. Provides some of the data needed for PPS' Program Call Report.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain)	
						MAN-HOURS	DOLLARS
16. DATE OF INVENTORY 23 Sept. 1970						17. NAME AND TITLE OF PERSON FURNISHING INFORMATION C/PPS	
						18. EXTENSION	

**SECRET**

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100008-8

REPORTS INVENTORY					CONTROL NO.		
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.)  Weekly Activity Report					2. TYPE OF REPORT		
					<input checked="" type="checkbox"/>	STATISTICAL NARRATIVE MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS MEDICAL		TRAINING SECURITY FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED  2		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Weekly			6. DISTRIBUTION (No. of components not number of copies)  1		
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING YES <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. NO <input checked="" type="checkbox"/>			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
10. PREPARING COMPONENT (include lowest level contributing information to report)  Monetary Division				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
<b>12. COST FACTORS</b>							
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-15	\$11.00		1/4		\$2.75		52 \$ 143.00
GS-14	9.44		1/4		2.36		52 122.72
GS-13	8.06		1/4		2.01		52 104.52
GS-07	3.89		1/4		.97		52 50.44
							\$ 420.68
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>							
TOTAL COSTS PER YEAR						\$ 420.68	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  Director of Finance Requirement							
<b>14. FUTURE GOALS</b>							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE						-0-	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100008-8					

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<b>REPORTS INVENTORY</b>						CONTROL NO.				
PREPARE IN DUPLICATE										
1. TITLE OF REPORT (if a fill-in report include Form No.)  Weekly Activity Report						2. TYPE OF REPORT				
						<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STATISTICAL</td></tr> <tr><td><input checked="" type="checkbox"/> NARRATIVE</td></tr> <tr><td>MACHINE-NAME LISTING</td></tr> </table>		STATISTICAL	<input checked="" type="checkbox"/> NARRATIVE	MACHINE-NAME LISTING
STATISTICAL										
<input checked="" type="checkbox"/> NARRATIVE										
MACHINE-NAME LISTING										
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL				
		LOGISTICS		SECURITY		OTHER (specify)				
		MEDICAL		<input checked="" type="checkbox"/> FINANCE						
4. NO. OF COPIES PREPARED  3		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Weekly				6. DISTRIBUTION (No. of components not number of copies)  1				
7. FORMAT (memorandum, form computer print-out, etc)  Memorandum		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT				
		YES		IF YES GIVE ADP PROCESSING NO.		Director of Finance				
		<input checked="" type="checkbox"/> NO								
10. PREPARING COMPONENT (include lowest level contributing information to report)  PSAD				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)						
12. COST FACTORS										
A. MANUAL PREPARATION AND REVIEW COSTS										
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR			
GS-14	\$ 10.70		1/4		\$ 2.68		39 \$ 104.52			
GS-15	12.47		1/4		3.12		39 121.68			
GS-07	4.41		1/4		1.10		39 42.90			
						\$ 269.10				
B. COSTS OF COMPUTER PRODUCED REPORTS										
TOTAL COSTS PER YEAR						\$ 269.10				
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  Needed to keep Director and DD/A&A advised of events not reflected in other reports. May be used for OF Report to DDS.										
14. FUTURE GOALS										
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS				
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS				
<input type="checkbox"/> CHANGE										
<input type="checkbox"/> DISCONTINUE										
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION			
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<b>REPORTS INVENTORY</b>						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Weekly Activity Report (Items of Interest)						2. TYPE OF REPORT	
						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly				6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		D/Finance			
10. PREPARING COMPONENT (include lowest level contributing information to report) Accounts Division				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Memoranda from Branches			
<b>12. COST FACTORS</b>							
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-13	\$10.48		1/2		\$5.24		12* \$ 62.88
GS-15	12.84		1/2		6.42		12 77.04
GS-06	3.74		1/4		.94		12 11.28
							\$151.20
* Prepared only when items are of special interest--Estimated once every four weeks.							
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>							
<b>TOTAL COSTS PER YEAR</b>						\$151.20	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  "User" costs should be reported by Immediate Office of Finance which selects items, edits, and makes consolidated Office Report to DDS.							
<b>14. FUTURE GOALS</b>							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) MAN-HOURS      DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION

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PREPARE IN DUPLICATE						
1. TITLE OF REPORT (If a fill-in report include Form No.) Significant Items to DDS					2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA	PERSONNEL		TRAINING		ADMIN. GENERAL	
	LOGISTICS		SECURITY		OTHER (specify)	
	MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED 1		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly			6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc.) Memorandum		8. ADP PROCESSING <input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			9. DIRECTIVE AUTHORITY REQUIRING REPORT Director of Finance	
10. PREPARING COMPONENT (include lowest level contributing information to report) C&T Div.			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) All Sections of Compensation and Tax Division			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	= COST PER YEAR
GS-11	\$ 7.36	1/2	=	\$ 3.70	5	\$ 18.50
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						\$18.50
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  To inform the Director of Finance of significant items of interest for his weekly report to the DDS.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					ESTIMATED SAVINGS MAN-HOURS DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100008-8				18. EXTENSION

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<b>REPORTS INVENTORY</b>					CONTROL NO.																	
PREPARE IN DUPLICATE																						
1. TITLE OF REPORT (If a fill-in report include Form No.)  Weekly Activity Report (Items of Interest to DDS)					2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td>STATISTICAL</td> </tr> <tr> <td align="center"><input checked="" type="checkbox"/></td> <td>NARRATIVE</td> </tr> <tr> <td></td> <td>MACHINE-NAME LISTING</td> </tr> </table>			STATISTICAL	<input checked="" type="checkbox"/>	NARRATIVE		MACHINE-NAME LISTING										
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<input checked="" type="checkbox"/>	NARRATIVE																					
	MACHINE-NAME LISTING																					
3. FUNCTIONAL AREA		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td>PERSONNEL</td> <td style="width: 20px;"></td> <td>TRAINING</td> </tr> <tr> <td></td> <td>LOGISTICS</td> <td></td> <td>SECURITY</td> </tr> <tr> <td></td> <td>MEDICAL</td> <td align="center"><input checked="" type="checkbox"/></td> <td>FINANCE</td> </tr> </table>			PERSONNEL		TRAINING		LOGISTICS		SECURITY		MEDICAL	<input checked="" type="checkbox"/>	FINANCE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td>ADMIN. GENERAL</td> </tr> <tr> <td></td> <td>OTHER (specify)</td> </tr> </table>				ADMIN. GENERAL		OTHER (specify)
	PERSONNEL		TRAINING																			
	LOGISTICS		SECURITY																			
	MEDICAL	<input checked="" type="checkbox"/>	FINANCE																			
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	OTHER (specify)																					
4. NO. OF COPIES PREPARED  2		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Weekly			6. DISTRIBUTION (No. of components not number of copies)  1																	
7. FORMAT (memorandum, form computer print-out, etc)  Memorandum		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td>YES</td> <td rowspan="2" style="width: 40px;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td align="center"><input checked="" type="checkbox"/></td> <td>NO</td> </tr> </table>				YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/>	NO	9. DIRECTIVE AUTHORITY REQUIRING REPORT  DDS												
	YES	IF YES GIVE ADP PROCESSING NO.																				
<input checked="" type="checkbox"/>	NO																					
10. PREPARING COMPONENT (include lowest level contributing information to report)  Branches and Chief, C&L Division				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)																		
<b>12. COST FACTORS</b>																						
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>																						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>																
				=		=																
						Insufficient time expended to arrive at a cost factor.																
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>																						
TOTAL COSTS PER YEAR																						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.																						
<b>14. FUTURE GOALS</b>																						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td>RETAIN AS IS</td> <td rowspan="3" style="width: 40px;">OTHER (explain)</td> </tr> <tr> <td></td> <td>CHANGE</td> </tr> <tr> <td></td> <td>DISCONTINUE</td> </tr> </table>						RETAIN AS IS	OTHER (explain)		CHANGE		DISCONTINUE	ESTIMATED SAVINGS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MAN-HOURS</td> <td style="width: 50%;">DOLLARS</td> </tr> <tr> <td></td> <td></td> </tr> </table>		MAN-HOURS	DOLLARS							
	RETAIN AS IS	OTHER (explain)																				
	CHANGE																					
	DISCONTINUE																					
MAN-HOURS	DOLLARS																					
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